

The Times and Register.

VOL. XXVII. No. 13.

PHILADELPHIA, MARCH 31, 1894.

WHOLE No. 812.

Original.

AMERICAN GRIPPE, OR MYXOID-OEDEMA. *

BY CARL SEILER, M. D.

I have been asked to present my observations of American grippe and its after-effects. Of course, the subject is one which is so interesting to all of us, and which is, unfortunately, so mixed in the minds of many that it will be possible for me, in the short time, to give only a resume of the subject. Therefore I hope that the few remarks that I shall make may be of sufficient interest to the members of the society to call forth their expression of opinion and relation of clinical observations of much more value than my own.

In 1885 I observed the first case of this peculiar disease. I afterward (in 1887) discussed the subject with Dr. Glasgow, of St. Louis, who, strange to say, had made observations similar to my own; and as there was no disease which had been described which, to our knowledge, came anywhere near the one under discussion, he had called it "It," and so had I. The disease was first described by me in a paper published in April, 1889. Dr. Glasgow reported his observations to the American Laryngological Association in May, 1889, and in June of the same year I read my paper before the American Medical Association at its meeting at Newport. You may remember that at that time I referred to the fact that the disease was spreading all over the country, and that I had received letters from Montana, Washington, the Canadas, from the South, and, in short, from all directions, after having made inquiry about the new disease.

Geographical situation, elevation, temperature, and atmospheric conditions apparently had nothing to do with its causation; in fact, the disease was everywhere the same in its specific characteristics.

In 1889, in the month of December, the disease broke out in New York City, where it assumed the proportions of a very alarming epidemic, and its existence was recognized as an epidemic general and fatal all over the United States within a very few weeks after its recognition in New York. Unfortunately it was called "la grippe," or the Russian influenza, a disease differing entirely in its clinical character and prominent pathological lesions from the disease erroneously named by the public press. I then published a paper in March 1890, in which I gave the differential diagnosis between the Russian influenza, or "la grippe," as well as of other diseases mistaken for it, and the American disease. Last March (1893), I published the fourth edition of my book on Diseases of the Throat, in which I devoted an entire chapter to the consideration of this disease, under the name of "American grip," or myxoid-œdema, to distinguish it from the "Russian" or European influenza. The distinction is similar to that which we are accustomed to make between measles and German measles or morbilli and rubella (Rotheln).

The peculiar symptoms of the American grip are: the sudden onset; the rheumatic pains, in all parts of the body, accompanying the sudden onset; an abrupt rise in the temperature, with moist skin; a peculiar tension; no inflammation of mucous membranes. In some cases a deposit of pseudo-membrane occurs upon the tonsils and elsewhere, which, however, is of entirely different charac-

* Read February 28, 1894, before the Philadelphia County Medical Society.

ter from the pseudo-membrane of croup and of diphtheria. There is a peculiar puffiness of the mucous membranes, which shows itself wherever the deposit is most developed. It occurs in the throat, in the larynx and nose, in the bronchial tubes, and in the mucous membrane of the intestinal tract. In its prostration of the vital powers of the body the disease is something like typhoid fever; but with it there is no fever, no exacerbation of high temperature; there is no thirst, no dryness of the skin, and no brown coating of the tongue. In one case the temperature was 105 degrees F. at the beginning, but it went down to normal in twenty-four hours. The pulse was 76 right along, and had none of the characters of a fever pulse. In those cases in which death occurred the temperature was reduced to normal, or even sub-normal, and the giving out of the heart was the original cause of death.

In some cases the submucous infiltration is most evident in the vocal bands, and here the consequent closing up of the larynx causes suffocation. The immediate cause of death is usually a small hemorrhage in the mucous membrane in such cases. Ecchymotic spots are often observed in the throat, bronchial tubes, and also in the stomach and intestines. Indeed there may be black vomit, like the black vomit of yellow fever, and the stools may also show the presence of effused blood.

I am now speaking of the symptoms of American grip. I need not refer to the symptoms of Russian grippe, since I could not add anything to the admirable review of them given by my friend, Dr. J. C. Wilson, in his article on "Epidemic Influenza," in Pepper's "System of Medicine," which you are already familiar with.

In the matter of treatment I have found the greatest benefit from a long-discarded drug—which, I must admit, is of no use in any other disease—the benzoate of sodium. In American grip it acts as a specific, precisely as quinine acts in malarial fever. It relieves the pain at once; it brings down the temperature; it relieves the oppression of breathing, and removes the false membrane from the throat. This remedy, with alcohol and rest, constitutes the whole treatment of the disease. In my experience I have found that it is

an absolute specific—of course, provided that the diagnosis has been correct. As to other drugs, I would say that all those patent coal-tar remedies are only a cause of death. They act as heart depressors, when the heart is already profoundly depressed by the disease. Antipyrine, antifebrin, and all the other antis are worse than useless. The heart needs to be supported, and they all cause further depression. Quinine is often a cause of insanity and suicide. During the last three years I have made a careful investigation of all published cases, whenever possible, where insanity had been the cause of death in grippe, and I found that quinine in large doses had always been given to the patients. I have observed in my own cases that even very small doses of quinine will often cause mental disturbance.

Thus far I have considered only the acute condition. If benzoate of soda is not given, and the patient does not remain in bed, a chronic condition of grippe will be produced. This is a very distressing condition, as I know from personal experience. The symptoms are so different that they cannot be given in detail, and it is difficult to make a diagnosis. There is a flabby, pale or coated tongue, want of appetite, impaired digestion, irregularity of bowels. With this there is a depression of spirits, want of ambition, and inability to perform any work requiring exertion of mind or body. A little over-exertion will throw the patient back, and it will be days and days before he can regain his former position and begin to gain strength.

The pathology of the chronic cases has been shown to be a slow process of fatty degeneration of all the organs of the body except the kidneys. And, if there has not been pre-existing disease of the kidneys, there will be no albumin in the urine.

The chief symptoms of the chronic form are general neurasthenia, associated with chronic distention of the venules, and anæmia of the arterioles throughout the body. This was seen by ophthalmoscopic examination in the eyes, where it produced impaired vision or blindness. Blueness of the skin is due to the same venous congestion, evidently of neuratic origin.

Besides the mental depression there are hallucinations of peculiar character and irritability of temper. Light has a

depressing effect, while darkness causes exaltation. Toward evening the patient usually feels much better than in the early part of the day. I have observed that a patient may go to sleep at 10 o'clock and wake up at 11 in a state of mental exaltation. He feels like getting out of bed and walking about his room, or relieves his mind by writing poetry; this is the only thing that will enable him to go to sleep again. I have some very curious specimens of this "grip poetry" in my possession. The irritability of temper I have referred to is beyond the control of the patient, although he is fully aware of it; this is part of a hysterical condition, and under slight exertion, or emotion, a condition of hysterical aphonia may be developed, even in men. Then, again, the patient is very much disturbed by all kinds of rhythmical noises, especially at the seashore, where the "one, two, three" of the breakers nearly drives him out of his senses. Even if he cannot hear them he is conscious of annoyance from the rhythmical repetition of the waves, and this will make him extremely nervous, so that he cannot sleep. The rapid succession of the trolley-car bells is also very annoying, and I have had patients who were driven out of the city by these noises.

The treatment of the chronic grip is by alterative tonics. Buchu may be given as a mild diuretic. If there is sleeplessness bromides are useful. All the coal-tar preparations are bad. Of the narcotics, the best is hyoscyne in small doses; as a tonic, strychnine in considerable doses, beginning with gr. 1-32 up to gr. 1-16, three or four times a day. A change of climate is advisable, and the best I have found is a moderately high place, where there is plenty of oxygen and an absence of noise. This is necessary to obtain rest for the mind and body. Mineral waters are valuable, and I found at Bedford great advantage from the use of the water, but there is a spring at Swiftwater, near Pocono, which I consider even better.

The wine of coca is especially useful when the patient begins to exercise as a "pick-me-up." Where the patient must keep at his work the coca is a valuable remedy, as in the case of a preacher who has not sufficient strength to go through with his sermon without some such aid.

CHICAGO'S METHOD OF DEALING WITH INFECTIOUS DISEASES.*

BY WILLIAM F. WAUGH, A. M., M. D.,
Professor of General Medicine, Chicago Post-Graduate College.

Chicago is marked by contrasts. The humble homes of her pioneers may still be seen standing side by side with the matchless creations of modern art. Not only is this true of our architecture, but in our institutions, our methods and our laws, the crude relics of early days retain their places among the growing splendors of the present.

One of the first things that attracts a stranger's attention here is apt to be a huge placard tacked to a door, stating that some infectious disease is in the house. I am informed that this is the only means employed to check the spread of diphtheria or scarlet fever, and that every case of smallpox is removed to the hospital regardless of the ability of the family to care for it.

I wish to present to the Academy tonight a few comments on this management of infectious disease, premising my remarks with the statement that a long participation in the work of the Philadelphia Board of Health has given me an experience entitling me to an opinion.

The objections to the placard system are that it is unnecessarily cruel and utterly inefficient. It can be nothing less than a disaster to have the house placarded, and one whose effects last long after the disease has disappeared. To anyone who is in business this is especially true. I have been informed that one year after a house was placarded it was still avoided to such a degree as to render unprofitable the business conducted therein.

If this were requisite for the public good it must be accepted as a necessary evil, but otherwise I submit that the State has no right to ruin a man when the object can be attained by less disastrous measures.

The placard fails to accomplish its object, because it places no real hindrance to the free access of outsiders to the infected house. Everyone who has worked in this department knows how difficult it is to keep officious friends and neighbors out of such danger. They are "not afraid, or have ideas of their own on

*Read before the Chicago Academy of Medicine.

the subject of contagion that are quite at variance with those accepted by the medical faculty. Or else the doctrine of predestination is adopted as a rule of action; and, strong in the belief that, if Providence wills they will get the disease anyhow and that all rational precautions are irreligious, they disregard the warnings of the physician.

These are the people who spread disease. They are attracted rather than repelled by the placard while the passers-by, who would not go in the house anyhow and have no earthly reason to be informed as to the existence of the disease, receive that superfluous information; and the stranger that is within the gates goes back to St. Louis to spread the report that "diphtheria is raging in Chicago, the public schools closed, streets boarded up;" and the country merchant who reads this goes carefully around Chicago and buys his stock in some other city. If the visitor be questioned, he only has to say he saw with his own eyes the doors placarded; and the bucolic imagination will accept this as proof of the rest.

Permit me to suggest that in the effete East they do these things better.

When a case of infectious disease is reported one of the medical inspectors is sent to the house. He reports on the case, verifying or dissenting with the diagnosis. He presents the family a copy of the health officer's instructions as to isolation, disinfection, etc., and explains them if necessary. If the family has the means and intelligence to follow these efficiently his duty ends here. If not, he may place the house under quarantine, stationing a guard at the door, who prevents any person going in or coming out, and who transmits all stores required.

There is no power vested in the health office to remove persons to the hospital, but when this is advisable it is urged, and in case of necessity the authority is sometimes assumed.

During quarantine the medical inspector visits the patient daily to see that his orders are obeyed.

When the patient recovers, or dies, he orders the bedding to be disinfected or destroyed, the house to be fumigated or disinfected, and any other sanitary measures taken that he considers necessary.

The advantages of this method are that it stops the spread of infectious

disease with certainty, and does so with the least publicity.

The objection that would naturally occur is that it interferes with the attending physician and assumes his duties. The degree of interference depends on the inspector, but as a complaint is always investigated, and an inspector who clashes with the physician is pretty sure to be dropped, there is really very little friction.

As to assuming the doctor's duties, it is sufficient that contagious disease exists, to show that these duties are neglected, for infection would be impossible with perfect isolation and sanitation. Out of many hundreds of cases I found that not two per cent. of the Philadelphia physicians gave such attention to this matter as to render the inspector's visit unnecessary, while not five per cent. had mastered the rudimentary fact that the spread of typhoid fever can be prevented by disinfecting the stools.

Not the least merit of this system is that it receives the hearty co-operation of the medical profession. Under the placard system I should expect that the physician who reported a case would be instantly dismissed and another employed who would rather disobey an unwise law than disoblige a patient. No one whose business would suffer by such placarding would hesitate to reimburse the physician for a fine were he to avoid reporting the case and be detected.

Concealed cases are especially dangerous, hence the placard law is further objectionable in that it incites by its harshness to disobedience.

In one respect I regret to say that Philadelphia is still derelict, in that she exacts from her physicians a public duty, under penalty, and provides no recompense. Just why any class of citizens should be singled out to perform an unpopular duty, one that often brings them the loss of their patrons, for the public good, and yet no payment be rendered, is a difficult question to answer. In England the physician's right is recognized; and he is paid by the health authorities for every case reported.

Law depends for its enforcement on the consent of the community, and it has always been admitted that laws forced on a community without its consent are tyrannical.

It seems to me that this principle applies to classes as well as to communities; and that legislation imposing duties on medical men should have the sanction of the profession.

In this matter Chicago should take the lead, and set a good example to the older cities of the East, by providing a just recompense for the duties exacted of physicians for the public welfare.

In the discussion upon this paper considerable diversity of opinion was elicited, some holding that the quarantine system was not suited to Chicago, with her mixer population and tenement houses. This, however, would simply necessitate the employment of guards who could interpret the instructions, and this is an easy task. The experience of Philadelphia has been that this is the most effectual way of checking the spread of disease, and that the system is inexpensive, compared with the results. In Chicago, it would often be necessary to confine the quarantine to a single flat or apartment, but this is not difficult when the isolation is complete and the bedroom hygiene perfect.

CINCINNATI OBSTETRICAL SOCIETY, JANUARY 25, 1894.

CASE REPORT.

Dr. Wenning—Mr. President: I have two cases I would like to report, both of which are interesting from complications.

Case I.—The first is a case of dermoid cyst of the ovary upon the right side. The patient claimed that she had first observed the tumor two or three months before, and her physician told me she had consulted him as to the probability of pregnancy, although she is now 54 years of age. When she came under my observation, at St. Mary's Hospital, she was emaciated and presented evidence of an abdominal tumor. I could not tell whether it was ovarian, but was satisfied it was not uterine. When I tapped it a light brown liquid came out with flocculi which resembled feces. The cyst was adherent to the broad ligament, especially on the right side. I was able, with my fingers and the handle of a scalpel, to dissect out the tumor. The intestine was nowhere adherent to the tumor, although they lay alongside of it, and no cutting instrument was used in the neighborhood of the intestine.

After it was removed a drainage tube was inserted and the wound sewed up. The patient was then put to bed, and remained pretty well for two or three days. I thought then it would be well to give the patient an injection, and gave instructions to the nurse.

Later I received word that the injection

apparently came out of the drainage tube, and the next visit I thought I would examine her for myself. I found indeed that the water, apparently as I injected it into the rectum, came out through the drainage tube. I knew I had nowhere severed the intestine or used undue force. This was the third day after the operation. The matter drained out from the drainage tube presented a slightly fecal odor, and I thought it would be unwise to leave this without attempting to find the intestinal opening.

The fourth day after the first operation I opened the abdomen the second time. Dr. Jones, Dr. White and Dr. McMillan were present. I scanned the entire intestine, but nowhere could I find the opening. Before I replaced it the second time I introduced my finger into the rectum with the hope of finding the intestinal opening, but even after I made the abdominal section nowhere could I find the opening. Finally I asked one of the gentlemen to put his finger in the anus and meet mine from the abdomen, and thus we found a very thin place in the intestinal wall a few inches from the rectum. I pierced it so as to have free drainage from above downward.

She died and Dr. Cameron made a post-mortem the next day, and took out the intestines and examined them, and was just about to give up in despair when he found an opening posterior to where mine was, just about an inch above where I examined with my finger. The tissue was very rotten. It is likely the injection passed posteriorly, around the rectum, and then entered the abdominal cavity. I thought there was a free opening from the rectum into the pelvic cavity, and I was especially inclined to believe this because of the suspicious character of the matter in the tumor. Afterward I modified my views in this way, that in dissecting the tumor from the pelvic cavity I unwittingly caused the trouble posteriorly.

The only thing to account for yet is how the fluid managed to get around the rectum, when the opening was on the posterior wall.

Case II.—The second specimen was taken from a patient, aged 39 years, who had been conscious of the presence of a tumor for six years, and two years ago was advised to have it operated upon. Finally, when she was not able to walk or stand, she concluded to have it removed. When I saw her she was very anemic and emaciated, and the uterus and vagina were entirely prolapsed. She stated to me that the tumor began on the left side, and gradually filled the entire abdominal cavity.

I found fluctuation very marked where you see the cyst, and at the same time there was fluctuation over the whole of the abdomen. The cervix uterus and vagina were normal, except they were elongated because of the procidentia of the uterus.

From her history and condition I took this to be an ovarian tumor; but the vessels were enormously enlarged, the tumor was very hard throughout, and, of

course, I came to the conclusion it could not be ovarian. The vessels of the omentum were tied, where they could be found, so as to be sure of having no hemorrhage, before the omentum was cut from the tumor.

After the ligatures had been placed on all the vessels it was cut from the tumor, and the tumor was everted. It then appeared what it really is—a pedunculated fibroid tumor, attached to the fundus of the uterus. I then had a gentleman put his finger in the vagina, and the prolapsus was entirely restored. I first clamped the pedicle, with the intention of dealing with it extra-peritoneal, but when I found it was attached to the uterus I brought the two surfaces closely together and adjusted them nicely with eight or ten sutures.

The ordinary outlet was then made, the wound stitched up, and the patient removed to her room.

The evening of the same day I was notified there was considerable blood issuing from the drainage tube. Upon my arrival I found the patient was much exsanguinated, and even in a worse condition than the day before. I telephoned for my friend, Dr. Jones. We opened the abdominal cavity and found the stump intact; there was apparently nothing the trouble, and yet there were several large clots in the abdomen. We sought the origin of these in vain, until we finally opened up the wound and found the omentum had retracted above, and several places the vessels had either been missed by the ligatures, or they had given way. The vessels were ligated and the wound sewed up, but unfortunately the patient died.

The tumor weighs thirty-five pounds. There is no uterine tissue in it, and the pedicle is perhaps the size of three fingers. The cyst on the side of the tumor was the most prominent part, and caused me at first to think it was ovarian. It is fibroid all the way through. The abdominal incision was perhaps sixteen or eighteen inches long, and went about an inch above the navel. The distance from the umbilicus to the symphysis was enormously stretched. Of course her death was hastened by opening up to find the omentum.

Whether the two bleeding vessels I found in the omentum were grasped or whether they slipped I do not know. Everything was cystically degenerated, and I have no doubt if she had been operated upon two years ago it would have been a very favorable case, from the character of the pedicle. The degenerated condition of the omentum and subsequent hemorrhage of course caused her death.

DISCUSSION.

Dr. Stark—Mr. President: With reference to the first specimen of Dr. Wenning I will say I am heartily in accord with the plan adopted, of putting the ligature as far down as possible and sewing up the remaining wound. It

seems to me certainly much less heroic than the removal of the entire uterus.

It further seems to me that a total hysterectomy was uncalled for, inasmuch as the uterus was, in itself, in a comparatively good condition. I have frequently seen Martin, of Berlin, split open the peritoneum and excise a myoma without any unfortunate results. In fact, I have seen him while enucleating an intra-mural myoma open into the cavity of the uterus. I remarked to one of the students near me that I thought he should have put in deep sutures first, but he simply put in a row of sutures, and patient made a nice recovery.

In the other case I feel the method advocated by the previous speaker would have been a better one, namely, that of packing with gauze, in the hope that the hole in the rectum would have been closed up by plastic exudation. If it had not been closed up the general peritoneal cavity would have been cut off, and the worst that could have happened then would have been a fecal fistula, which could have been cured at some other time.

Dr. Palmer.—Mr. President: It makes a great deal of difference what part of the intestine we open in these cases of laparotomy. I do not see where anything better could have been done in this case than to have opened the abdomen, washed it out and packed it with iodoform gauze. The exact site of the opening was inaccessible to be artificially entered. Certainly you could not have depended on nature's method to have restored the opening. I once had a case, some several years ago, where peritonitis set up after an ovariectomy. I opened the abdomen to drain it off, and three or four days afterward some fecal matter commenced to flow through the incision. All I did was to keep her clean and give some general medication. It continued oozing some for nearly a year, but finally closed. I believe that, where any of the smaller intestines are subsequently opened and adhesions form to prevent the entrance of the intestinal matters into the peritoneal cavity, and nature will in time affect a cure. Several cases have occurred, and I believe they all have been cured. All that is necessary is to keep the fistulous tract scrupulously clean.

EASTER FLOWERS.

O dearest bloom the seasons know,
Flowers of the Resurrection blow,
Our hopes and faith restore;
And through the bitterness of death
And loss of sorrow breathe a breath
Of life forever more!

"The thought of Love immortal blends
With fond remembrances of friends;
In you, O sacred flowers
By human love made double sweet,
The heavenly and the earthly meet,
The heart of Christ and ours!

— John Greenleaf Whittier.

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A Weekly Journal of Medicine and Surgery.

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PUBLISHED BY

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Communications are invited from all parts of the world. Original articles are only accepted when sent solely to this Journal. Abstracts, clinical lectures, or memoranda, prescriptions, news and items of interest to the medical profession are earnestly solicited.

Address all communications to

1725 Arch Street.

PHILADELPHIA, MARCH 31, 1894.

MEASLES.

A mild epidemic of measles is prevalent in some portions of Philadelphia and elsewhere, and while this subject is one which is generally considered the necessary disease of childhood, let us also remember that occasionally it is not such a very mild disease; nor is it to be considered that children are obliged to have any disease, contagious or otherwise.

It is too often the custom to expose children to mild types of the exanthemae, on the ground that they are evils which are bound to come someday, and the sooner they are over, the better. This is not so. Children are often the victims of complications to these mild epidemic diseases which prove far more serious to future health, if not to life itself, than the primary disease.

True measles runs its course in about eight days from the initial symptom with the exception of the stage of desquamation which occupies a period varying from one to two weeks longer. The contagious principle may be present until desquamation ceases.

Complications of measles may occur from the period of initial attack to the cessation of eruption. Inflammatory conditions of the lungs or bronchi are the most frequent complications. In-

flammation of the eyes and internal ear are, perhaps, the complications next in frequency.

For uncomplicated measles little treatment is needed beyond due care to keep the child in bed and warm, avoiding all exposure to cold. Generally a cough mixture to allay the irritation of the bronchial tubes and sometimes a mild diuretic, which may be advantageously combined with the cough mixture, will suffice.

Complications are to be met as if treating them irrespective of the measles. The conditions, so-called, of the eruption of measles "striking in" is simply an indication of the onset of a complication against which vigorous measures should be instituted, not to re-establish the eruptive manifestations, but to search out and combat the co-existing disease.

Prevention of complication is a far better method of treatment than to allow such to supervene unheeded. For this, thorough examinations of the lungs, ears, eyes, kidneys and any other organ liable to take on inflammatory action are necessary during a course of measles and appropriate remedies given to meet any arising indications of danger in this respect.

As a rule the bowels need very little attention unless the diarrhea, which attends this disease, becomes too troublesome or the stools too frequent. A mild diarrhea does no harm and is a result of the inflammatory condition of the mucus membrane of the alimentary canal, similar to that observed on the skin.

Cerebral complications are comparatively rare with this disease. We occasionally observe, during the height of the malady, a more or less flighty condition of the mind, but this is to be accounted for more by the irritation of the nervous system, from the poison of the epidemic, than from any inflammatory condition of the brain or its membranes.

THE INTER-NATION MEDICAL CONGRESS AT ROME.

From present indications, the outlook for a large attendance at the Roman-Congress from America is not very encouraging.

It is unfortunate that, so soon after

our Columbian-Exhibition and the active part which Italy took, that we should not fully reciprocate the fraternal greeting by a larger representation.

It is true that the date will prevent the attendance of many of our most noted teachers, and, besides, many are tired of crossing the Atlantic in the early spring. Nevertheless there are several inducements to travel eastward, which do not obtain in any other season of the year.

On ocean travel, because of the time of the year, transportation is reduced nearly a third; besides, the English, French and Italian railways have reduced the rates 50 per cent.

No doubt the European attendance will be large and it is hoped that the Congress scientifically and socially will favorably compare with its predecessors.

The "Times and Register," being represented by a member of our staff, will endeavor to present all our readers with all the most important topics there presented, as rapidly as they reach us.

NO MEDICAL ACT IN MASSACHUSETTS.

A correspondent in the "British Medical Journal" for March 10 points out the ease with which one may be able to style himself "Dr." in Massachusetts and the shame upon the professional men of that State for the indifference they manifest regarding medical legislation for the protection of the ignorant classes.

The following are his words: "The close of another year without any legislation in Massachusetts to restrict or in any way regulate the practice of medicine is of significance. In this State no physician is required to show any credentials or any diploma before he can practice. A tailor or a baker has as much right as a graduate of the Harvard School to call himself Dr., and to practice medicine, surgery or midwifery. There is no Registration Board, no examiners, no censors. It is a free and open profession to all who choose to call themselves doctors.

"It must be surprising to outsiders that such a state of affairs is allowed to exist in a well-regulated community, but the profession is apathetic and without legislative influence. From time to time an attempt is made to pass a law, but the irregulars and quacks fight much harder

against it than the better men do for it, and it is now some time since even an attempt was made to secure a law. Massachusetts is one of the few States still without protection. There is a State Society open only to graduates of regular schools, for admission to which examination before a Board of Censors is necessary, but membership in the State Society carries little weight or privilege, except that of standing well in the eyes of one's fellow practitioners.

"Most of the States have some responsible Examining Board, who license those who show themselves qualified to practice, and this furnishes a certain protection to the ignorant public, who are the worst sufferers. Some States have efficient laws, which are well enforced, and in these States the quacks find it difficult to secure a foothold; but other States, with good laws, are practically as badly off as is Massachusetts, because the registration laws are not enforced. But the fact that one of the leading States, from an educational point of view, such as Massachusetts, is absolutely indifferent to the existing state of affairs must be surprising to English practitioners."

Correspondence.

THAT "TICKLISH QUESTION."

The question propounded to the editor and answered with several doubts by the author in a late number of the "Times and Register" hardly found the solution it is capable of. The idea conveyed by Dr. Lewis was that the growing boy feels the desire for sexual relief (which, by the way, is but the birth of instinct, and is true of all animals), and this he finds in self-abuse, illicit intercourse, or marriage.

It must never for a moment be forgotten that man has intelligence to guide him, and for this reason he never should seek an apology for allowing instinct to control him.

The young need only to be taught that self-abuse is as damaging as it is horrible. It lays siege to his health, interferes with the development of his body and mind alike, and destroys ambition, without which he cannot succeed in the struggle for place in the race of life.

When ignorance is the foundation of

this abominable vice, the victim is to be pitied quite as much as his parents deserve condemnation. While it is true that modern therapeutics can do much by way of restoring lost sexual power, still the fact remains that the injury is serious and therefore deserves the attention of those who would prevent by timely advice what may be difficult to cure.

Illicit intercourse is an abomination that is liable to be more dangerous to the individual, and surely is so to society. Disease lies in the wake of all who seek the society of the courtesan. Private snaps are public dangers.

The young man who forms the habit of seeking relief from women his purse will buy is not fit to marry a good woman. Nine times out of ten he will be unfaithful after marriage. No man has a right to expect his wife to be faithful if he wanders by troubled waters.

The marriage of the very young and immature of either sex is not productive of good results. The best specimens of animal life are the products of mature parents. Boy husbands and girl wives are unfortunates in that they are so prone to let the after regrets mar the good they might do toward each other and society in general.

The general inference to be taken from Dr. Lewis' article is that these three avenues are about all the lines of escape except hard work, and it is not dignified with a place, but is given as a matter of passing mention. In fact, the reference at self control is not, as it should be coming from a medical man. There is no other way in which the youth who is full of life and vigor can hope to stem the tide. If he be instructed on this important matter and has the shoals and rocks pointed out, he can steer clear of them. Let him know that if he abuses himself in an unnatural manner he will need to be carefully treated if he is ever fit for matrimony. If he seeks the harlot he will sooner or later be diseased, and the effects of these diseases may stay with him while he lives and worry his ghost after he is gone. If he gets a suspicious sore he will start on a tour after blood purifiers that will end when the sexton rounds up his six feet of earth. If he rushes into matrimony as soon as his age will permit a license the chances are that he will rue the step and a misguided, mismatched couple will trot through life never once in step and with no common purpose or aspiration.

When any of these things occurs by the advice, sanction or encouragement of a medical man an outrage has been committed and an honorable calling lowered. The laws of man are inviolable for the common good. The laws of God are infinitely more so. The man who steals should be punished for his own and the community's good.

The man who injures his health will suffer, and in that the race suffers. We proclaim that thieves shall be punished, but we hint that the personal violator has no way of escape.

The young man who would amount to anything in life must keep himself

clean and pure. The instinct will be there but he must hold it down just as he must curb a hundred other tendencies and cravings all through life. Many fathers are ignorant, and too ignorant to admit that they are not competent to advise, while too cowardly to take into their confidence the flesh of their own flesh. The vices of intemperance are held up to boys' eyes and made life-size by no effort, while a more vital question is tabooed as being unfit for polite allusion.

All this effort to keep from growing boys the knowledge which they will get, and get wrong, too, is too bad, and doctors are far from free of blame. They too often are not averse to advise a young man who seeks aid to stop a practice that is ruining him, that a woman can be found, and then he will have no further trouble. Any man who will advise a young man to seek a woman of the town, either to relieve his desires or make him stop abusing himself, is an ass and unfit for the lofty position he occupies by compliment to his title, not ability.

There can be no doubt but that there are young men who cannot control the desire for sexual relief. What of that? There are means by which the effort can be made successful, and it is or ought to be, the province of doctors to know how this is done. Drugs which do not and will not harm the body enable the young man to tide over the period until he can safely seek the natural relief. So, too, of the victim who has abused himself until he finds that when he is able to control his passion he is weakened and unfit for matrimony. For these there is aid and it must be forthcoming before marriage if a happy man is to be made out of the worried one who regrets his folly but is not prepared to undo the injury done.

Children are born with sexual passions and they are no more to blame for them than they are for the shape of their ears. Children begotten in a whirlwind of sexual abandon, allowed but not justified by the marriage tie, have thrust upon them a load they too often are not able to stand up under.

The time will come when the ones who deserve the blame will get it, even though they are out of sight and hearing while the poor victim of parental lust will get all the more pity and more help than now; but the time will never come when the most faithful effort and the most determined fight are not encouraged.

Sexual therapeutics have made a wonderful stride in the last decade, and it is a matter for congratulation that the poor abused young men can be made fit for matrimony if they will lend their aid. This fact, however, should not deter us from offering the encouraging word to the effort to keep the tempter to the rear, and under no circumstances should we lend our aid to lessen the dignity of our profession by advising or winking at the violations of those laws upon which a healthy, happy race must be built.

J. A. DeARMAND, M. D.

Davenport, Iowa.

German Notes.

Translated by ADOLPH MEYER, M. D., Chicago.

TYPHOID BACILLI.

Professor Uffelmann obtained the following results in experiments on the resistance of typhoid bacilli against drying out in various media:

1. In garden earth, 21 days.
2. In white filter sand, 82 days.
3. In dust, more than 30 days.
4. On linen, from 60 to 72 days.
5. On buckskin, from 80 to 85 days.
6. On wood, 32 days or more, sunlight being excluded.

This proves that a contamination of food through the air is easily possible. It is, however, not certain whether direct contamination through the air occurs, not so much through the respiratory organ as through swallowed mucus from nose and mouth.

—Cbl. f. Bact. und Paras.

INFECTION FROM GUNSHOT WOUNDS.

Dr. Pfuhl made fifty-one implantations of small pieces of clothes in the skin, muscles, pleural and peritoneal cavities of white mice and rabbits in order to decide the question whether gunshot wounds become easily infected by pieces of clothes carried into the wound. No inflammatory reaction occurred, whereas pieces charged before with staphylococci caused inflammation every time. Pfuhl comes to the conclusion that the danger of pieces of clothes in gunshot wounds is commonly overrated.

—Cbl. f. Bact.

M. EINHORN ON THE THERAPEUTIC RESULTS OF DIRECT ELECTRIZATION OF THE STOMACH.

Cases of hyperacidity and of reaching were nearly always favorably influenced by the direct faradization, which causes, as a rule, a more abundant secretion. Among the cases of simple chronic gastritis and those with beginning atrophy of the mucous membrane, a few showed a decrease or even a complete vanishing of all the subjective symptoms, whereas others, especially those complicated with severe gastralgia, were only little improved. In these cases, where direct faradization was not a success, direct galvanization of the stomach (negative pole) was often very successful.

—Deutsche Med. Wochenschr.

PENZOLDT ON THE CAUSES AND EARLY DIAGNOSIS OF CHRONIC NEPHRITIS.

The uncertainty of our knowledge with regard to the origin of most cases of chronic nephritis is due to the difficulty of ascertaining the first beginning of this affection. In regular examination of urines, we meet sometimes cases of slight transitory albuminuria with few casts and cells, without other symptoms of kidney disease. Penzoldt examined the urine of 56 persons before and after intense exercise. After great efforts, the leucocytes and the epithelia become more frequent and more numerous, and even casts (hyaline or epithelial) may appear; red blood corpuscles were never observed. Excessive use of asparagus, radish, tea, coffee and mustard caused the appearance not only of epithelia and leucocytes, but also of red blood corpuscles—a transitory irritation, which, if frequently repeated, may pass over into a chronic condition. Few casts and epithelia would indicate nephritis when observed during perfect rest and without the influence of irritating food.

—Muenchener Med. Woch., 1893, No. 42.

NITRO-GLYCERINE FOR GAS INTOXICATION.

Dr. R. Hoffman treated successfully gas intoxication with injections of nitroglycerine, 0.0005—6.001 every 20 minutes.

—Deutsche Med. Wochenschrift.

Th. Fischer (Rochester, N. Y.), warns energetically against the use of strong solutions of corrosive sublimate for the urethra. After the use of a solution of $\frac{1}{2}$ 0-00, he observed in a patient necrosis of the mucous membrane, which healed very slowly. He would therefore suggest that no stronger solution than 1. 020,00 should be prescribed.

—Therapeut. Monatshefte.

GALVANO-CAUTERY.

A fact not to be forgotten in the use of the galvano-cautery is that beside the cherry-heat, mentioned so often in text-books as a prevention of hemorrhage, it is just as important that the instrument is dull. Ordinary jeweler's binding wire, which is soft iron, is just as efficacious as platinum and far cheaper.

—Omaha Clinic.

Surgery.

Under the charge of T. H. MANLEY, M. D., 302 W. 53d St., New York.

CURETTING OF THE TRACHEA AFTER TRACHEOTOMY IN DIPHTHERIA.

BY CHAS. M. SOUDDER, M. D.

A boy, aged 4 years, had been sick with diphtheria two days. Owing to progressive dyspnea, tracheotomy was done, the precautions being taken to use performed. Very little tonsillar or pharyngeal disturbance was noticeable. Two days after operation, the secretions from the tube grew sticky. They were softened by a spray close to the tube, but twenty-four hours later, they diminished and the child grew cyanotic and suffered greatly from labored breathing. All of the usual procedures were tried to keep the tube clear, but without avail. Finally a dull wire intra-uterine curette was introduced into the wound, gently carried to the bifurcation of the trachea, and all sides of the trachea—its whole circumference—systematically and thoroughly curetted. As the curetting continued, pieces of membrane, one of which made a complete cast of the circumference of the trachea, were withdrawn through the wound. The hemorrhage was slight. The relief to the dyspnea was immediate.

The tube was replaced; and the boy made an uninterrupted recovery. One or two pieces of membrane came away the following day.

Two years have elapsed since the tracheotomy and curetting of the trachea. The boy is well and strong.

Soudder says the suggestion to curette the trachea in such conditions, was made to him by Dr. Wheeler, of Chelsea, Mass. He has not found a similar case previously recorded. In this instance the inflammation was probably quiescent and the membrane was beginning to come away. It was an opportune time to curette.

—Bost. Med. and Surg. Journ.

SHOCK.

Injury to any part of the body may cause shock, but the abdominal viscera, the testicle and urethra, and the ovary

are especially susceptible. In shock, the heart is hastened in action, but lessened in force; the respiratory centre is less active; the superficial blood vessels are contracted, causing pallor of the surface, and the bodily temperature is reduced.

Therefore, the requisites of treatment comprise restoration of heart, stimulation of the heart and lungs, and dilatation of the superficial blood vessels, in order to equalize the circulation; and our sheet anchors for these purposes are hot bottles, etc., strychnine, digitalis, nitroglycerine, caffeine, whisky and oxygen. The whisky is generally best given in beef tea, as an enema.

Dr. C. P. Noble, N. Y.

A PLEA FOR SUCCESSFUL SURGERY IN PRIVATE PRACTICE.

The large amount of successful surgical work done in and reported from our public and private hospitals might tend to mislead those who had not studied the matter carefully, or who had not had an opportunity to observe or hear from the successful work done by the surgeon in private practice, outside of well-regulated hospitals.

We admit that the work and care of the surgeon is reduced to the minimum by being able to do his work in a well-regulated hospital with a full corps of assistants and trained nurses at his command and with an aseptic operating room, patent sterilizers, etc., always ready for use; but our plea is that by an extra effort, and due diligence and care on the part of the surgeon, just as successful work can be done at the residence of the patient or other suitable place, and while we do not underrate the advantages and convenience and comforts of the hospital, yet we do not consider them a necessity, but a convenience. Many a worthy operable case is deterred from submitting to a surgical operation because they are informed that it necessitates their entering a hospital, the thought of which is repulsive to them and the expense of which they do not feel able to defray.

—Kansas Medical Journal.

Therapeutics.

Under the charge of LOUIS LEWIS, M. R. C. S., Philadelphia.

CREOSOTE CARBONATE.

The use of creosote in soluble capsules with cod-liver oil, as was so strongly recommended by Sommerbrodt, I have long since abandoned on account of the nauseous eructations of the oil. In spite of all its disadvantages I have adhered to the use of creosote, for the five thousand cases of Sommerbrodt (1887), to which he has recently added his later experience, and the seventeen hundred of Von Brunn (1888) are too strong evidence to be lightly set aside. In spite of the many cases where toxic symptoms, even alarming ones, have arisen, and the recently reported case of Freudenthal is an example, I believe we are justified in continuing to use this remedy, although we do not attribute to it any anti-bacillary properties. Notwithstanding that it is probably useless in acute tuberculosis, in tubercular pleuritis and enteritis, and that it is contra-indicated in acute and chronic nephritis and in certain cases of idiosyncrasy, there is an ample field for its employment. Several years ago the carbonate of creosote, that is, beechwood creosote (ninety-two per cent.), in chemical combination with carbonic acid (eight per cent.), was discovered in the scientific laboratory of Dr. F. von Heyden's successors, at Radebeul, near Dresden, who have named it creosotal. As you see from the specimen, it is a clear, pale, almost colorless liquid, of syrupy consistency, becoming thinner by heat. It is insoluble in water, but soluble in alcohol or in four to five parts of cod-liver or olive oil. It has a slight odor of creosote, and an oily, slightly tarry taste, which is in marked contrast to the burning taste of creosote.

It can be administered clear, or, as it is said—but of this I have had no personal experience—by hypodermic injection a large needle, and to reduce the consistency of the liquid by heat. It can also be administered in the form of an emulsion, one-half to two drachms being beaten up with the yolk of an egg, diluted with water, and flavored with any aromatic syrup. During the past three months I have found the administration by means of gelatine capsules, either

hard or soft, from ten to twenty minims in each one, to be eminently satisfactory. There is no doubt about the elimination of creosote carbonate by the respiratory tract—the breath gives ample evidence. It is also excreted by the urine, although in what proportion it is at present impossible to state, for the estimations have not been made. Two drachms per day, even on the first day, may cause the urine to become dark green. So far as I know, this is the only symptom to which it gives rise, and it is simply an indication to diminish the dose to one-half of its former size. According to my observations it does not produce malaise, nor irritation of stomach or of intestines. It is stated that it does not produce any diarrhea, and also that if a diarrhea exist, it is without effect upon it. The first part of this statement I believe to be correct; the latter I have not had an opportunity to verify. We have no doubt as to the fact that it is non-poisonous; the important question is, Is it as efficacious as creosote? Chaumier used it in eight cases with equal success so far as the lesions were concerned. My own observations confirm his. Since the creosote carbonate contains ninety per cent. of creosote, the dose may be considered to be practically identical. Fifteen to twenty drops per day is probably sufficient for children; adults will bear one to two drachms; even four drachms per day in divided doses may not be excessive.

—Dr. Wilcox, in N. Y. Med. Record, March 10, 1894.

EUROPHEN IN THE TREATMENT OF DISEASES OF THE SKIN.

The qualities which render europen of especial service in diseases of the skin and venereal affections may be briefly summarized as follows:

1. Its freedom from disagreeable odor.
2. Its high percentage of iodine, rendering it an effective antiseptic and absorbefacient.
3. Its adhesive power, in consequence of which it acts as an impervious covering to ulcers.

4. The absence of toxic effects.

In a clinical study of 176 cases of various lesions of the skin, Dr. Ullmann (Internat. Klin. Rundschau) shows how successfully these properties of euophen may be utilized in the treatment of chancreoids, chancres and other syphilitic lesions. He generally employed the remedy in the form of the powder, but occasionally dissolved in ether as a spray, or in ointments with lanoline and vaseline.

In cases of chancroid, euophen was applied twice or thrice daily after previous cleansing with a weak antiseptic lotion, and cicatrization occurred rapidly (ten days to three weeks). Moist syphilitic papules and chancres were successfully treated in the following manner: during the night the affected parts were covered with mercurial plaster, and in the morning washed with a weak solution of sublimate or carbolic acid, dusted with euophen and covered with sterilized gauze. Simple non-infected wounds were found to heal promptly under its use, and in the treatment of burns a 3 per cent. ointment (equal parts of vaseline and lanoline) proved an admirable application.

After an experience of over two years' duration Ullmann concludes that this remedy has shown itself the best substitute for iodoform in superficial ulcerative processes in the genitals, especially venereal ulcers, and as a dressing for wounds.

PROTOPLASM UP TO DATE.

Protoplasm was formerly described as a homogeneous structureless jelly, but it is now clearly proved to be of various kinds, differing in each organism, and in different animals. It is of very complicated formation; a more or less delicate network of interwoven fibres forming the basis, and a clear watery fluid permeating its meshes, to soften its solidity. These fibres are strung with infinitesimal granules, which move to and fro along their length, and their activity seems to be perpetual. They are apparently without structure, but they are supposed to vary in their composition, and to be capable of even minute subdivision.

Protoplasm cells contain, besides the clear protoplasm, a nucleus (which again contains minute fibres, fluids and granules), and also a compound called nu-

clein, in the form of dots, granules or rods, variously arranged, and it is frequently found inclosed in a tubula. This nuclein contains all the properties of the whole protoplasm, and in many instances all the essential characters of the animal or plant to which the particular cell belongs, and probably all the hereditary characters which the plant may transmit to its offspring.

THE USE OF ROTTEN EGGS.

It is somewhat disquieting to learn from the proceedings in connection with the prosecution of certain Islington bakers at Clerkenwell Police Court, last week, that the use of rotten eggs for the purpose of making confectionery is quite a common practice. One baker had no fewer than seven hundred and fifty eggs in his possession, whilst another had a basketful all bad and unfit for human consumption. It was stated by one of the witnesses that even if eggs used for cake, etc., are quite putrid, the smell is quite destroyed in the process of baking. Mr. Horace Smith, the Magistrate, marked his sense of the iniquity of the proceeding by inflicting a fine of £10 in one case and £5 in the other.

—Med. Times and Hosp. Gazette.

THE LA BORDE METHOD.

Professor Contenot (Besancon) was recently lecturing to his students on asphyxia, and, as a young girl had just died in the hospital from tubercular meningitis, the idea struck him to go to the corpse and give a practical lesson on the new method of treatment by traction of the tongue. What was his astonishment, as well as that of the assistants, when, after a few minutes, he saw the respiration returning, the heart beating, and the face becoming colored.

This phenomenon lasted three-quarters of an hour. Death really existed, but the reflex action of the bulb—a respiratory centre—had not totally disappeared, and the traction had stimulated the phrenic nerve to bring the diaphragm into temporary action.

Failure of this resuscitating method would appear to afford an indubitable test of death.

Gynecology.

PEDUNCULATED FIBROID OF THE BROAD LIGAMENT.

Demons, of Bordeaux, November, 1893, removed a tumor of this kind from a very hysterical woman, aged 23. In July, 1891, a tumor of the size of a walnut was detected in the hypogastrium, to the right. It was perfectly separate from the uterus. By the end of 1891 it was as large as a man's fist; the right ovary could not be distinguished separately from it; the left ovary was extremely tender. There was dysmenorrhea, and never menorrhagia. The tumor was removed in January, 1892. It was found attached to the upper border of the right broad ligament by a thin pedicle "a finger's breadth in length." This was ligatured and divided. The corresponding appendages were healthy, and were therefore left alone. The tender left ovary was removed, with its tube; it was sclerotic and strongly adherent. After recovery the hysterical symptoms continued. In February, 1893, the patient had a nervous cough, with convulsive "tic." An instructive review of seven similar cases, the only authentic examples of pedunculated fibroid of the broad ligament absolutely distinct from the uterus, is added. In one the pedicle sprang from the ovarian ligament, and in another from the infundibulo-pelvic ligament.

—Arch. de Toccol. et de Gynec.

DIFFERENTIAL DIAGNOSIS IN ABDOMINAL PAIN IN THE FEMALE.

Women often call upon the physician to consult about certain vague pains in the abdomen which they always imagine come from the uterus.

Now, it is well for us to give something more than a cursory notice to abdominal pains in women when they are localized, and of long standing.

Sometimes they are parietal, sometimes they are pelvic, often they are neuralgic.

In parietal pain, neuralgic or rheumatic over distention, pressure or straining always aggravates it.

These muscular pains are characterized by an extreme persistence with an indecisive localization. They are arising from bed, walking or much bodily exercise. No special decubitus will relieve them and they persist in spite of bodily rest. If we examine carefully into these cases we will find that they are neurasthenic and debilitated.

Pelvic pain may be neuralgic, con-

gestive or inflammatory, caused by metritis, ovaritis or uterine displacements.

These pains are localized, and occupy the groin or deep pelvis. They are always augmented during coitus and the menstrual period. When they are uterine they are paroxysmal, caused by contraction. Herman compares them to the pains attendant upon fibroids or dysmenorrhea. Decubitus makes but slight modifications in them.

Neuralgic pains are but slightly modified by rest. A morbid state of the general system is at the bottom of them in causation.

Extra-pelvic pain is caused by a thousand morbid states, the most frequent being appendicitis, aneurism and pathological conditions of the viscera which must be separately studied.

Physical examination has enormously expanded our knowledge of abdominal diseases, but its efficient utilization demands a vast extent of study combined with skillful and incessant practice.

Gazette De Gynecologie, Feb. '94.

DISEASES OF THE HEART AND OF PREGNANCY.

Medical Treatment—Bleeding.

Obstetrical—If the woman is in danger, provoke abortion or artificial premature accouchement. Await, if possible, that the fetus may be viable. In case of imminent danger provoke the abortion.

If the woman enters in travail at or before term, prevent her from making efforts, and hasten the accouchement by the forceps, or, if necessary, by version.

If the woman expires suddenly before successful accouchement, Caesarian operation or extraction of the fetus by the natural processes according to the case.

Tarnier.

Preventive Treatment—Forbid marriage in cases of heart disease.

If she is married, caution her not to become a mother.

If she becomes enceinte, order avoidance of fatigues, emotions and all the causes which hinder the circulation and influence disease of the heart.

If she is a mother, forbid her nursing her child.

Medical Treatment—Bleeding and digitalin are very useful.

Peter.

On February 24 the subscription list to the monument to Professor J. M. Charcot had reached the total of 4287 francs, or \$857.50.

Ophthalmology.

Under the Charge of J. A. TENNEY, M. D., 2 Commonwealth Ave., Boston.

MUSCAE VOLITANTES.

A great many patients consult oculists because of these inoffensive objects in the vitreous humor. They describe them as "spiders," or chains of small spots. It sometimes requires considerable effort on the part of an oculist to convince the patient of the innocent character of these appearances.

An ophthalmoscope magnifies about 20 times; and when it is used in the majority of cases in which the patient complains of seeing these spots, nothing whatever can be seen in the vitreous humor. It is then safe to say that the appearances are not pathological.

Some people with hyperesthesia of the retina can see these floating objects when reading. People with myopia are particularly annoyed by them, but some do not know what they are, having never seen anything of the kind.

If most people will throw a towel or handkerchief over their heads and look at a bright light, they will see these objects quite clearly. Shutting the eyelids almost together and looking at the bright sky will cause them to appear in most eyes.

The writer had a young lady for a patient at one time who complained of a spot in her field of vision, that annoyed her greatly by getting between her and everything she saw. The ophthalmoscope revealed a small, dark spot, apparently near the nodal point of the eye. It could not be made to float around, showing that the vitreous humor was not fluid. There was no disease to be found in the eye anywhere. This was probably a remnant of the hyaloid artery; and when the matter was explained to the patient, she was greatly relieved.

True muscae appear like strings of beads, with dark surroundings and bright centres. These centres may be made to appear black, if they are seen through a convex lens of half an inch focus, the distance of the lens from the eye being varied until the desired effect is obtained. When the bright centres can be transformed into black spots in this way, the patient need not be troubled, for he has something that is common to all eyes.

J. A. T.

TENONITIS.

A man employed to clear snow from the switches or the West End Railroad came to the writer with his left eye and lids enormously swollen, and complaining of pain in and about the eye, that would not allow him to sleep at night. He had taken cold about five days earlier, and soon after the lids began to swell, and the eye to be pushed downward and forward. The eye was much restricted in its movements, and was entirely blind, having lost perception of light. Its tension was considerably increased.

The man was put to bed, and leeches were applied to the temple. Then a large piece of ice was placed in a pan by the bedside, and several thin pieces of old linen handkerchief were placed upon it. The nurse was directed to transfer these to the eye and back again every three minutes, night and day.

The pain subsided in three days, but the swelling continued. No suppuration ever took place. Six weeks after the writer first saw the eye, the patient left the State, and was lost sight of. At the time of his going away, the eye was still greatly swollen, its movements were considerably impeded, but it gave him no particular inconvenience.

The diagnosis was inflammation of Tenon's capsule, which is a rare disease, when it occurs primarily. The swelling about the optic nerve had caused blindness. If the eye had been treated vigorously at the outset, perhaps it might have been saved, and perhaps not.

J. A. T.

THE SHADOW-TEST.

A course of lectures, demonstrations, and clinical work on skiascopy, or the shadow-test, will be given at the Philadelphia Polyclinic during the week commencing April 9. This method of determining the refraction of the eye has for years been practiced as a part of the regular routine examination in that institution, and is there found to be of greater practical value than the methods by the use of the ophthalmoscope or the ophthalmometer.

Miscellany.

TREATMENT OF BLENNORRHEA BY IRRIGATION WITH PER- MANGANATE OF POTASH SOLUTION.

DR. JANET, PARIS.

(Int. Centblt. f. Phys. u. Path. d. Harn-und-Sex.
Org., 1893; IV; 443).

Janet presents the results of treatment of a number of acute, subacute and chronic gonorrhoeas by irrigation with solutions of varying strengths of permanganate of potash, without the applications of sounds, etc. The aim of this treatment is the annihilation and removal of the gonococci, and the proof of their disappearance is established by microscopical search for the gonococci made daily for eight days after the last irrigation. Then for another eight days after the injection of nitrate of silver (strength of solution not given), and again after eight more days, during which the use of beer, etc., has been resumed.

Of 21 acute cases treated by the abortive method, 13 were cured; of seven cases of anterior urethritis, all were cured, and of 33 cases of involvement of the entire urethra, 30 were cured. The irrigations were made by means of the ordinary irrigator, having a rubber tubing about two metres long, the urethra extremity fitted with a conical glass nozzle, sufficiently wide to close the meatus without penetrating deeply into the urethra. For irrigating the anterior portion of the urethra, a pressure height of 50 cm. (about 20 inches) is used, and the nozzle is alternately pressed against the meatus till the urethra is full, and then removed to allow the contents to flow out. When the entire urethra is to be irrigated, the anterior portion is first washed out as above, then the irrigator is raised to a pressure height of 1½ metres, the nozzle pressed firmly against the meatus and, as the urethra balloons out, the patient, on feeling a desire to urinate, is to make the effort to do so; this distends the entire urethra and the fluid passes back into the bladder. The patient should, of course, always empty the bladder before irrigation is begun.

The strength of the solution used varies between 1-4000 and 1-500, the more intense the reaction the weaker the weaker the solution used. In the abortive treatment, three irrigations are given the first day, two on the second day, and after that one every 24 hours. The length of time to effect a cure was from two to 28 days, with an average of seven days. The cases not treated by the abortive method were irrigated once a day, and required from four to thirteen days. The three unsuccessful cases treated thus were complicated; one with epididymitis, one with hypospadias, and one with vesiculitis.

The freshly inflamed mucous membrane returns to normal, but where the inflammation is chronic and of long standing, the mucous membrane continues to secrete threads of pus after the gonococci have been destroyed.



THE TRIUMPHS OF MEDICINE.

First M. D.—Our patient is pretty low, isn't he doctor?

Second M. D.—Well yes; but not so bad as he was this time last year.

First M. D.—Oh, my, no!